497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Teresa Proano for Council 2024	**Date of This Filing** ___10/16/2024___
AREA CODE/PHONE NUMBER ▮▮▮▮▮ **I.D. NUMBER** *(if applicable)* 1469059	**Report No.** PRO-4
STREET ADDRESS ▮▮▮▮▮▮▮▮▮	☐ **Amendment to Report No.** _____ *(explain below)*
CITY Burlingame **STATE** CA **ZIP CODE** 94010	**No. of Pages** ___1___

Date Stamp

RECEIVED:
OCT 16 2024 PM03:35
CITY OF DALY CITY
CITY CLERK

CALIFORNIA FORM 497

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/15/2024	A.S.F. Electric, Inc. ▮▮▮▮▮▮▮▮ Daly City, CA 94014	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____